Image# 201601249004578401 PAGE 1 / 13

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FOR IVI 3A For (Other Than An Autho	orized Committe	ee		Office Use Only	
NAME OF TYPI COMMITTEE (in full)	E OR PRINT ▼	Example: If typin over the lines.	g, type	12FE4M5	James Coo City	
The Fund for American Ex	ceptionalism					
ADDRESS (number and street)	801 N Shutt Hill Road					
Check if different than previously reported. (ACC)	untington			IN L	46750-9101	
2. FEC IDENTIFICATION NUMBI	ER ▼ CITY	A	S	STATE 🛦	ZIP COI	DE 🛦
C C00512855	3. IS ⁻ REI		IEW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (b. (b. (c. (b. (b. (c. (c. (c. (c. (c. (c. (c. (c. (c. (c	Report Due On:		May 20 (M5)	-	20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	(c) 12-Day	O (M4) J	ul 20 (M7)	Oct 2	(12G)	Jan 31 (YE) Runoff (12R)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	PRE-Election Report for the:	Convention (12C)	Special (12S)	
→ January 31 Year-End Report (YE)	Election	on/	D D /	Y Y Y Y	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G	i)	Runoff (3	0R)	Special (30S)
Termination Report (TER)	Election	on M M /	D	Y = Y = Y = Y	in the State of	
5. Covering Period 07	01 / Y Y Y Y Y Y Y	through	12	/ 31_ /	2015	
I certify that I have examined this Re Type or Print Name of Treasurer M	eport and to the best of m	ny knowledge and b	elief it is true	e, correct and	l complete.	
Signature of Treasurer Michael J.E.	Erler Sr	[Electronically	Filed] Da	ate 01	/ D D / 24	2016
NOTE: Submission of false, erroneous,	or incomplete information i	may subject the pers	on signing thi	s Report to th	ie penalties of 2 L	J.S.C. §437g.
Office Use Only			- 0	,	FEC FOR Rev. 12/20	M 3X

OF FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
The Fund for American Exceptionalis	sm	
Report Covering the Period: From: 07	/ 01 / 2015 To:	12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		19196.95
(b) Cash on Hand at Beginning of Reporting Period	15349.35	
(c) Total Receipts (from Line 19)	12405	14905
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27754.35	34101.95
7. Total Disbursements (from Line 31)	8065.79	14413.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19688.56	19688.56
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	
X This committee has qualified as a multicand	didate committee. (see FEC FORM 1M)	
Fr	or further information contact:	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

The Fund for American Exceptionalism

R	eport Covering the Period: From: 07	' ' ' ' ' ' ' ' '	12 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	Than Political Committees (i) Itemized (use Schedule A)	7400	7400
	(ii) Unitemized(iii) TOTAL (add	5	5
	Lines 11(a)(i) and (ii)▶	7405	7405
	(b) Political Party Committees	5000	7500
	(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
12.	Totals to Line 33, page 5)▶ Transfers From Affiliated/Other	12405	14905
	Party Committees	0	0
13.	All Loans Received	0	0
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	0	0
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0	0
	(Dividends, Interest, etc.)	0	0
	(a) Non-Federal Account (from Schedule H3)	0	0
	(b) Levin Funds (from Schedule H5)	0	0
	(c) Total Transfers (add 18(a) and 18(b))	0	0
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	12405	14905
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	12405	14905

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period			
Operating Expenditures:	iotal IIIIS Feriou	Calendar Year-to-Date		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	0	0		
()				
(ii) Non-Federal Share	0	0		
(b) Other Federal Operating	2005 70	0440.00		
Expenditures(c) Total Operating Expenditures	2065.79	3413.39		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	2065.79	3413.39		
Transfers to Affiliated/Other Party	200.10	0.110.00		
Committees	0	0		
Contributions to Federal Candidates/Committees				
and Other Political Committees	6000	6000		
Independent Expenditures				
(use Schedule E) Coordinated Party Expenditures	0	0		
(2 U.S.C. §441a(d)) (use Schedule F)	0	0		
(use Schedule F)	7			
Loan Repayments Made	0	0		
Zodii Hopayiiioliko Maao				
Loans Made	0	0		
Refunds of Contributions To: (a) Individuals/Persons Other				
Than Political Committees	0	0		
(b) Political Party Committees	0	0		
(c) Other Political Committees	0			
(such as PACs)				
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0	0		
Other Disbursements	0	5000		
'				
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity (from Schedule H6)				
(i) Federal Share	0	0		
(i) I odoral onaro	7			
(ii) "Levin" Share	0	0		
(b) Federal Election Activity Paid Entirely				
With Federal Funds	0			
(c) Total Federal Election Activity (add				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0	0		
Total Dishuraamenta (add Lines 01/s) 00				
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8065.79	44440.00		
20, 27, 23, 20, 21, 20(u), 28 dilu 30(c))	6005.79	14413.39		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	8065.79	14413.39		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	12405	14905
4. Total Contribution Refunds (from Line 28(d))	0	0
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12405	14905
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2065.79	3413.39
7. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
8. Net Operating Expenditures (subtract Line 37 from Line 36)	2065.79	3413.39

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 6 OF Use separate sche for each category Detailed Summary

edule(s)	(check		e)	•	TAGE	-		Oi	10	-
of the / Page	X	11a	11b		11c		12			
, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		13	14		15		16		17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) The Fund for American Excep	otionalism	
Full Name (Last, First, Middle Initial) Dev A Brar Mailing Address 1036 S Rangeline Road		Date of Receipt
City Carmel	State Zip Code IN 46032-2544	12 31 2015 Transaction ID: 531-422-c Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000
Name of Employer Nightingale Home Healthcare Receipt For:	Occupation Business Management	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000	
Full Name (Last, First, Middle Initial) 3. Douglas C Gessner Mailing Address 1111 Wagner Road		Date of Receipt
City Glenview	State Zip Code IL 60025-3218	08 24 2015 Transaction ID : 491-420-c Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	2400
Name of Employer Kirkland & Ellis	Occupation Attorney	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address City	State Zip Code	M = M / D = D / Y = Y = Y
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	
Receipt For:		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	>	7400.00
TOTAL This Period (last page this line numb	per only)	7400.00

S 17

<u> </u>	NIEDIUE A (EEO E OV)			
50	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 13 (check only one)
IT	EMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	11a 11b X 11c 12
<u> </u>			L	
or	y information copied from such Reports and St for commercial purposes, other than using the	name and a	ay not be sold or used by any penderess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
1/	The Fund for American Exception	nalism		
	Full Name (Last, First, Middle Initial)			
Α.	`. ` ′			Date of Receipt
Α.	Mailing Address 228 S Washington Street			M M / D D / Y Y Y Y
	Suite 115			10 06 2015
	City	State	Zip Code	Transaction ID : 530-421-c
	Alexandria	VA	22314-5404	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C co	0500025	5000
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		5000	
	Other (specify) ▼		3000	
_	Full Name (Last, First, Middle Initial)			
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
υ.	Mailing Address			<u> </u>
	Walling Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	
				Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		
	Name of Employer	Occupation		
	Name of Employer	Occupation	ı	
	Receipt For:			
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)			
	Curior (openity) V			
_	Full Name (Last, First, Middle Initial)			
C.				Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	
				Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		
	Name of Employer	Occupation	1	
		2 3 3 a pation	•	
	Receipt For:	A	Versite Dete	
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)			
			9	
Г				
8	UBTOTAL of Receipts This Page (optional)			5000.00

TOTAL This Period (last page this line number only).....

5000.00

SCHEDULE B (FEC Form 3X)	Lien concrete achadula/-\	FOR LINE	PAGE 8 OF 1	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 2 28c 29 3
Any information copied from such Reports and Staten		ed by any perso	on for the purpose of	soliciting contributions
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) The Fund for American Exceptional	•	ai committee to	SOIICIT CONTRIBUTIONS IN	om such committee.
Full Name (Last, First, Middle Initial)				
A. Aristotle International Inc			Date of Disburseme	ent
Mailing Address 205 Pennsylvania Avenue SE			09 30	2015
City S Washington	State Zip Code DC 20003-1164		Transaction ID : S	SB21B-10-431-e
Purpose of Disbursement Compliance software fee	20000 1101		Amount of Each Di	sbursement this Period
Candidate Name		Category/	Amount of Each Di	600
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)	Туре		7
State: District:				
Full Name (Last, First, Middle Initial) B. Aristotle International Inc			Date of Disburseme	/ Y = Y = Y
Mailing Address 205 Pennsylvania Avenue SE			11 27	2015
City Washington	State Zip Code DC 20003-1164		Transaction ID : S	SB21B-10-439-e
Purpose of Disbursement Compliance software fee		· · · ·	Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		600
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Salin Bank			Date of Disburseme	_
Mailing Address 8455 Keystone Crossing Suite 100			08 / 12	2015
City S Indianapolis	State Zip Code IN 46240-4303		Transaction ID:	SB21B-532-424-e
Purpose of Disbursement Credit card payment			Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		79.72
Office Sought: House Senate President State: Disburser Senate District:	ment For: Primary General Other (specify) ▼		,	,
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				1279.72

SCHEDULE B (FEC Form 3X)	Han named asked (A)	FOR LINE	PAGE 9 OF 13			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Gricok Grily Gric)				
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b		
Any information copied from such Reports and State		d by any perso	on for the purpose	of soliciting contributions		
or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
The Fund for American Exception	alism					
Full Name (Last, First, Middle Initial)						
A. Salin Bank			Date of Disburs			
Mailing Address 8455 Keystone Crossing				04 2015		
Suite 100						
City Indianapolis	State Zip Code IN 46240-4303		Transaction II	D : SB21B-532-426-e		
Purpose of Disbursement	110 40240-4303					
Credit card payment			Amount of Each	Disbursement this Period		
Candidate Name		Category/		110		
Office Sought: House Disburs	ement For:	Туре		110		
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
B. Salin Bank			Date of Disburs			
Mailing Address 8455 Keystone Crossing Suite 100				06 2015		
City	State Zip Code		Transaction I	D : SB21B-532-434-e		
Indianapolis Purpose of Disbursement	IN 46240-4303		Transaction is	0.002.10.00		
Software fee			Amount of Each	Disbursement this Period		
Candidate Name		Category/				
		Туре		1.61		
Office Sought: House Disbursi	ement For: Primary General					
President	Primary General Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
C. Salin Bank			Date of Disburs			
Mailing Address 8455 Keystone Crossing				22 2015		
Suite 100						
City	State Zip Code		Transaction II	D : SB21B-532-435-e		
Indianapolis Purpose of Disbursement	IN 46240-4303					
Software fee			Amount of Each	Disbursement this Period		
Candidate Name	'	Category/		4.16		
Office Sought: House Disburs	ement For:	Туре				
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
SUPTOTAL of Dishuranmenta This Dage (artists)				115.77		
SUBTOTAL of Disbursements This Page (optional)						
TOTAL This Period (last page this line number onl	y)					

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SC	CHEDULE B (FEC Form 3X)							10	10 OF 1							
ITE	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			(check only one)			e schedule(s) (check only one)					. –			
			Summary Page		×	21b 27	Ш	22	\vdash	23 28b		24	4 8c	25 29		26 30b
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	y information copied from such Reports and Staten for commercial purposes, other than using the nam															;
	NAME OF COMMITTEE (In Full)															
	The Fund for American Exceptiona	lism														
	Full Name (Last, First, Middle Initial)															
Α.	Salin Bank							ate c		sburse		∍nt	V	Y Y	Y	
	Mailing Address 8455 Keystone Crossing Suite 100						L	12	_		5			2015		
	City	State	Zip Code					Trans		ian IF	٠. د	e Day	1D 52	2-436-		
	Indianapolis	IN	46240-4303					iran	sact	ion il) : S	3D Z I	10-33	2-430-	3	
	Purpose of Disbursement Software fee			Γ.	_		A	mour	nt of	Each	Dis	sbur	seme	nt this	Perio	od
	Candidate Name			Cate		y/	Г					_			4.16	٦
	Office Sought: House Disbursen	nent For:		ТУ	ре					,			7			
		Primary	General													
	President State: District:	Other (spe	cify) 🔻													
	Full Name (Last, First, Middle Initial)															
_	Salin Bank									sburs		ent				
	Mailing Address 8455 Keystone Crossing Suite 100							12			30] ′		2015	Y	
	City S Indianapolis	State IN	Zip Code 46240-4303					Tran	sact	ion IE) : 8	SB2	1B-53	2-437-	е	
	Purpose of Disbursement Software fee			_	-	\neg	A	mour	nt of	Each	Dis	sbur	seme	nt this	Perio	od
	Candidate Name			Cate		y/	Г	-		-		-	•	_	4.16	
	Office Sought: House Disbursen	nont For:		ly	ре					7		_	,			
	Senate	Primary Other (spe	General cify) ▼													
_	State: District:															
	Full Name (Last, First, Middle Initial) The Prosper Group						D	ate c	of Di	sburs	eme	ent				
							Т	M M	/	D		1		Y Y	Υ	
	Mailing Address 1001 Commerce Pkwy E Drive Suite C							08	_	2	26	_		2015		
	City S Greenwood	State IN	Zip Code 46143					Tran	sact	ion IE	: 8	SB2	1B-53	5-433-	е	
	Purpose of Disbursement Computer expenses					\neg										
	Candidate Name			Cate Ty	gor pe	y/	A	mour	nt of	Each	Dis	sbur	seme	nt this	Perio	od
	Office Sought: House Disbursen	nent For:								7			,			
		Primary	General													
		Other (spe	cify) 🔻													
	State: District:															
S	JBTOTAL of Disbursements This Page (optional)					<u> </u>		_	_	,		_	,	38:	3.32	\Box
т	OTAL This Period (last page this line number only)					•				,			,	_		

SCHEDULE B (FEC Form 3X)	Hoo concrete calcadula (a)	FOR LINE		PAGE 11 OF 13
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only 21b	one) 22 23	24 25 26
	Detailed Summary Page	27	28a 28b	28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or us	ed by any perso	on for the purpose o	f soliciting contributions
NAME OF COMMITTEE (In Full)	o and address of any politic	a. committee to	CONOR CONTRIBUTIONS	Guori Committee.
The Fund for American Exceptiona	lism			
Full Name (Last, First, Middle Initial)			Date of District	mont
A. The Prosper Group			Date of Disburse	
Mailing Address 1001 Commerce Pkwy E Drive Suite C			09 16	
,	State Zip Code		Transaction ID	: SB21B-535-429-e
Greenwood Purpose of Disbursement	IN 46143			
Computer expense		· · · ·	Amount of Each	Disbursement this Period
Candidate Name		Category/		37.5
Office Sought: House Disbursen	ant For:	Туре		07.0
	Primary General			
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
B. The Prosper Group			Date of Disburser	
Mailing Address 1001 Commerce Pkwy E Drive Suite C			09 30	2015
City S Greenwood	State Zip Code IN 46143		Transaction ID	: SB21B-535-432-e
Purpose of Disbursement Computer expense	15.10			
Candidate Name			Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		37.5
Office Sought: House Disbursen	nent For:	,,		
	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C.			Date of Disburser	ment
Mailing Address			M M / D	D / Y " Y " Y " Y
	State Zip Code			
,				
Purpose of Disbursement				
Candidate Name		Category/ Type	Amount of Each	Disbursement this Period
Office Sought: House Disbursen	nent For:	туре	7	7
	Primary General			
	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				75.00
		<u> </u>		4052.04
TOTAL This Period (last page this line number only)				1853.81

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 12 OF 13			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22 X 23 24 25 3 28a 28b 28c 29			
Any information copied from such Reports and St or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full)						
The Fund for American Exception	nalism					
Full Name (Last, First, Middle Initial)			Data of Dishamanan			
A. Committee to Elect Martha Lake Mayor			Date of Disbursement			
Mailing Address 1040 S Webster Street			10 15 2015			
City	State Zip Code		Transaction ID : SB23-537-438-e			
Kokomo Purpose of Disbursement	IN 46902-6355					
State/local political		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	1000			
Office Sought: House Disbu	was manual Farry 2010	Type	1000			
Office Sought: House Disbut Senate President	rsement For: 2016 ✓ Primary General Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			Date of Disbursement			
B. Marco Rubio for President			M M / D D / Y Y Y			
Mailing Address PO Box 558701			08 26 2015			
City Miami Purpose of Disbursement	State Zip Code FL 33255-8701		Transaction ID : SB23-533-425-e			
Political contribution		011	Amount of Each Disbursement this Period			
Candidate Name Category/			1000			
Marco Rubio		Type	1000			
Office Sought: House Disbution Senate President State: District:	rsement For: 2016 ✓ Primary General Other (specify) ▼					
Full Name (Last, First, Middle Initial) C. Marco Rubio for President	Date of Disbursement					
Mailing Address PO Box 558701			09 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Miami	State Zip Code FL 33255-8701		Transaction ID : SB23-533-428-e			
Purpose of Disbursement Political contribution		011				
Candidata Nama			Amount of Each Disbursement this Period			
Marco Rubio		Category/ Type	1700			
Office Sought: House Disbution Senate President State: District:	rsement For: 2016 Primary General Other (specify)					
Side.						
SUBTOTAL of Disbursements This Page (option			3700.00			
TOTAL This Period (last page this line number of	'' '' y <i>)</i>					

SCHEDULE B (FEC Form 3X)	Line concrete selectivity(s)	_	FOR LINE NUMBER: PAGE 13 OF 13			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	,	a		
	Detailed Summary Page	21b 27	22 X 2 2 28a 2	3 24 25 26 8b 28c 29 30		
Any information copied from such Reports and Statem						
or for commercial purposes, other than using the name	ne and address of any politic	al committee to	solicit contribut	ions from such committee.		
NAME OF COMMITTEE (In Full)	liom					
The Fund for American Exceptiona	IISM					
Full Name (Last, First, Middle Initial)			Data of District	uroomont		
A. Marco Rubio for President			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address PO Box 558701						
,	State Zip Code		Transaction	n ID : SB23-533-430-e		
Miami Purpose of Disbursement	FL 33255-8701		Transaction	1 ID . OD20-000-400-6		
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SUBTOTAL of Disbursements This Page (optional)		••••••		2300.00		
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